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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/775,346

02/10/2004

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pcs-1

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EXAMINER

LE, LINH GIANG

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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/775,346	<b>Applicant(s)</b> STEIN ET AL.	
	<b>Examiner</b> MICHELLE LE	<b>Art Unit</b> 3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☒ Responsive to communication(s) filed on 11 February 2010 and 15 April 2010.
- 2a) ☐ This action is **FINAL**.                      2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-6, 10-28 and 33-41 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-6, 10-21, 22-28 and 33-41 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |  |   |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)                                | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftperson's Patent Drawing Review (PTO-948)                        | 5) <input type="checkbox"/> Notice of Informal Patent Application                       |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)<br>Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____  |

## DETAILED ACTION

### *Notice to Applicant*

1. This communication is in response to Restriction filed 4/15/10 and Amendment filed 2/11/10. Claims 1-6, 10-21, 22-28 and 33-41 remain pending. Claims 7-9, 29-32 and 42-46 have been withdrawn.

### ***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-6, 10-18, 22-28 and 33-38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Haggerson (5,956,690) and Doctor (2002/0032584) in view of Boyer (6208973).
4. As per claim 1, Haggerson and Doctor in view of Boyer teach a system for processing health care insurance claims among a health care service provider, a patient and said patient's insurance carrier comprising:  
a provider server, operatively established at the health care service provider, said provider server further comprising (Haggerson; Col. 1, lines 5-47):  
a provider storage medium configured for storing patient data and adjudication software received from a remote source (Haggerson; Fig. 1a; Col. 2, lines 25-47)

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and Doctor; paras. 36 and 42);

a provider payment determination processor operatively associated with said storage medium and configured to process patient data, using said payment adjudication software to generate an adjudicated payment request (Haggerson; Col. 3, lines 10-16);

a provider communication interface configured for receiving data and sending data including said adjudicated payment request over an external communication link in a secure manner (Haggerson; Col. 3, lines 10-16; Fig. 1a –“via electronic link” from “insurance bill” to “insurance company electronic records”); and

a carrier server operatively established at the insurance carrier (Boyer; Col. 7, lines 52-67), said carrier server further comprising:

a carrier storage medium configured for storing an authoritative version of patient data and insurance payment adjudication software (Boyer; col. 8, lines 27-42 and Doctor; paras. 36 and 42);

a carrier payment administration processor configured for receiving said adjudicated payment request and causing a payment to be made to said provider in accordance with said adjudicated payment request (Boyer; Col. 7, lines 52-67);

a carrier communication interface configured for receiving data including said adjudicated payment request and sending data over said external communication link in a secure manner (Boyer; Col. 14, lines 4-15);

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wherein said communication link connects said provider and carrier servers through said provider and carrier communication interfaces (Boyer; Col. 14, lines 4-15; Haggerson; Col. 3, lines 10-16 and Fig. 1a).

It would have been obvious to one of ordinary skill in the art to add the Boyer features of a carrier server operatively established at an insurance carrier to the Haggerson and Doctor teachings of a provider server at the health care service provider in order to streamline the claim submission and adjudication process. (Boyer; Col. 2, lines 3-10).

5. As per claim 2, Haggerson teaches a system for processing health care insurance claims, according to claim 1, wherein said provider server further comprises a data reader/writer and wherein said remote source of patient data and adjudication software is a device with storage capability and said patient data and adjudication software is downloaded to the provider storage medium by reading said data from said device (Haggerson; col. 2, lines 36-60). Haggerson does not expressly teach the device is portable. However, this is well known in the art as evidenced by Doctor. In particular, Doctor teaches a portable device for storing information that facilitates a health care practitioner's compliance with rules and procedures required for payment approval from a payer. (Doctor; para. 8). It would have been obvious to add this to the Boyer and Haggerson teachings with the motivation of expediting payment and complying with rules

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and procedures enforced by various health care third party payers. (Doctor; para. 2).

6. As per claim 3, Boyer teaches a system for processing health care insurance claims, according to claim 2, wherein said portable device is a smart card (Boyer; Col.7, lines 10-25).

7. As per claim 4, Boyer teaches a system for processing health care insurance claims, according to claim 2, wherein said portable device is a magnetic media card (Boyer; Col.7, lines 10-25).

8. As per claim 5, Haggerson teaches a system for processing health care insurance claims, according to claim 1, wherein said remote source of patient data and adjudication software is said carrier storage medium and said patient data and adjudication software is downloaded to said provider server from said carrier server over said communication link. (Haggerson; Col. 2, lines 36-60).

9. As per claim 6, Haggerson teaches a system for processing health care insurance claims, according to claim 1, wherein said remote source of patient data and adjudication software is an Internet site and said patient data and adjudication software is downloaded to said provider server over said communication link from an Internet site. (Haggerson; Col. 2, lines 36-60).

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10. As per claim 10, Boyer teaches a system for processing health care insurance claims, according to claim 1, wherein said provider server further comprises a coordination of benefits processor for processing claims in which the patient is covered by multiple carriers, said processor constructed to identify said multiple carriers, obtain and segregate patient data and adjudication software relative to patient and each carrier, cause said provider payment processor to sequentially process said claims using the patient data and adjudication software of each of said multiple carriers and configured for allocating the payments to each carrier according to a predetermined priority of said carriers (Boyer; Col.7, lines 10-67; Col. 15, lines 53-65).

11. As per claim 11, Boyer teaches a system for processing health care insurance claims, according to claim 1, wherein said provider server further comprises a user interface constructed to enable a user to enter data and commands, and to observe a visual display of operational information (Boyer; Col.7, lines 10-67).

12. As per claim 12, Boyer teaches a system for processing health care insurance claims, according to claim 1, wherein said provider server further comprises a provider patient data and adjudication software update processor constructed to send an inquiry to said carrier server to obtain a current version of said patient data and adjudication software (Boyer; Col. 10, lines 54-67).

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13. As per claim 13, Boyer teaches a system for processing health care insurance claims, according to claim 12, wherein said provider update processor is adapted to update a portable source of patient data after receiving said current version of said patient data and adjudication software (Boyer; Col. 10, lines 54-67).

14. As per claim 14, Boyer teaches a system for processing health care insurance claims, according to claim 1, wherein said carrier server further comprises a carrier patient data and adjudication software update processor to process said inquiry from said provider server and send a current version of said patient data and adjudication software to said provider server (Boyer; Col. 10, lines 54-67).

15. As per claim 15, Boyer teaches a system for processing health care insurance claims, according to claim 14, wherein said carrier patient data and adjudication software update processor is the gatekeeper to control access to said carrier storage medium (Boyer; Col. 10, lines 54-67).

16. As per claim 16, Boyer teaches system for processing health care insurance claims, according to claim 14, wherein said carrier patient data and adjudication software update processor is constructed to determine whether said inquiries are for complete patient data files or complete adjudication software, or whether said inquiries are to check for the currency of data and software



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currently available at the provider server, and wherein said carrier update processor is further constructed to send an update or complete patient data and adjudication software package according to said inquiry (Boyer; Col. 10, lines 54-67).

17. As per claim 17, Boyer teaches a system for processing health care insurance claims, according to claim 1, wherein said provider and carrier communication interfaces provide security functions to protect and to keep private any data in transit, in processing, or in storage. (Boyer; Col. 14, lines 33-40).

18. As per claim 18, Boyer teaches system for processing health care insurance claims, according to claim 17, wherein said security functions include at least, encryption and decryption, identity verification, and data authentication (Boyer; Col. 14, lines 33-40).

19. Claims 22-28 and 33-38 repeat substantially the same limitations as claims 1-6 and 10-18 and the reasons for rejection are incorporated herein.

20. Claims 19-21 and 29-41 are rejected under 35 U.S.C. 103(a) as being unpatentable over Haggerson (5,956,690) and Doctor (2002/0032584) in view of Boyer (6208973) in further view of Dvorak (2002/0120472).

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21. As per claim 19, Dvorak teaches a system for processing health care insurance claims, according to claim 1, wherein said security functions comply with HIPAA requirements (Dvorak; para. 30). It would have been obvious to add this feature to the Boyer teachings with the motivation of reducing erroneous security access (Dvorak; para. 30).

22. As per claim 20, Dvorak teaches a system for processing health care insurance claims, according to claim 1, wherein said carrier server further comprises a carrier audit processor for periodic review of said adjudicated payment requests for accuracy (Dvorak; para. 30). It would have been obvious to add this feature to the Boyer teachings with the motivation of reducing erroneous security access (Dvorak; para. 30).

23. As per claim 21, Dvorak teaches a system for processing health care insurance claims, according to claim 20, wherein said carrier audit processor supports payment tracking and detects fraudulent service delivery patterns (Dvorak; para. 30). It would have been obvious to add this feature to the Boyer teachings with the motivation of reducing erroneous security access (Dvorak; para. 30).

24. Claims 39-41 repeat substantially the same limitations as claims 19-21 and the reasons for rejection are incorporated herein.

***Response to Arguments***

25. Applicant's arguments with respect to the claims have been considered but are moot in view of the new ground(s) of rejection.

26. In the Remarks filed 2/11/10 Applicant argues on pg. 19 that Boyer does not teach the adjudication process for a majority of the health care claims be handled at the health care service provider. Examiner has now applied the Haggerson reference. Haggerson teaches a billing computer application located at the health care service provider that generates an insurance bill to send to the payor (reads on an "adjudication process for a majority of the health care claims").

***Conclusion***

27. Any inquiry concerning this communication or earlier communications from the examiner should be directed to MICHELLE LE whose telephone number is (571) 272-8207. The examiner can normally be reached on 8 AM - 5PM, M-F.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Gerald O'Connor can be reached on (571) 272-3600. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/Michelle Linh-Giang Le/

Examiner, Art Unit 3686

7/1/10